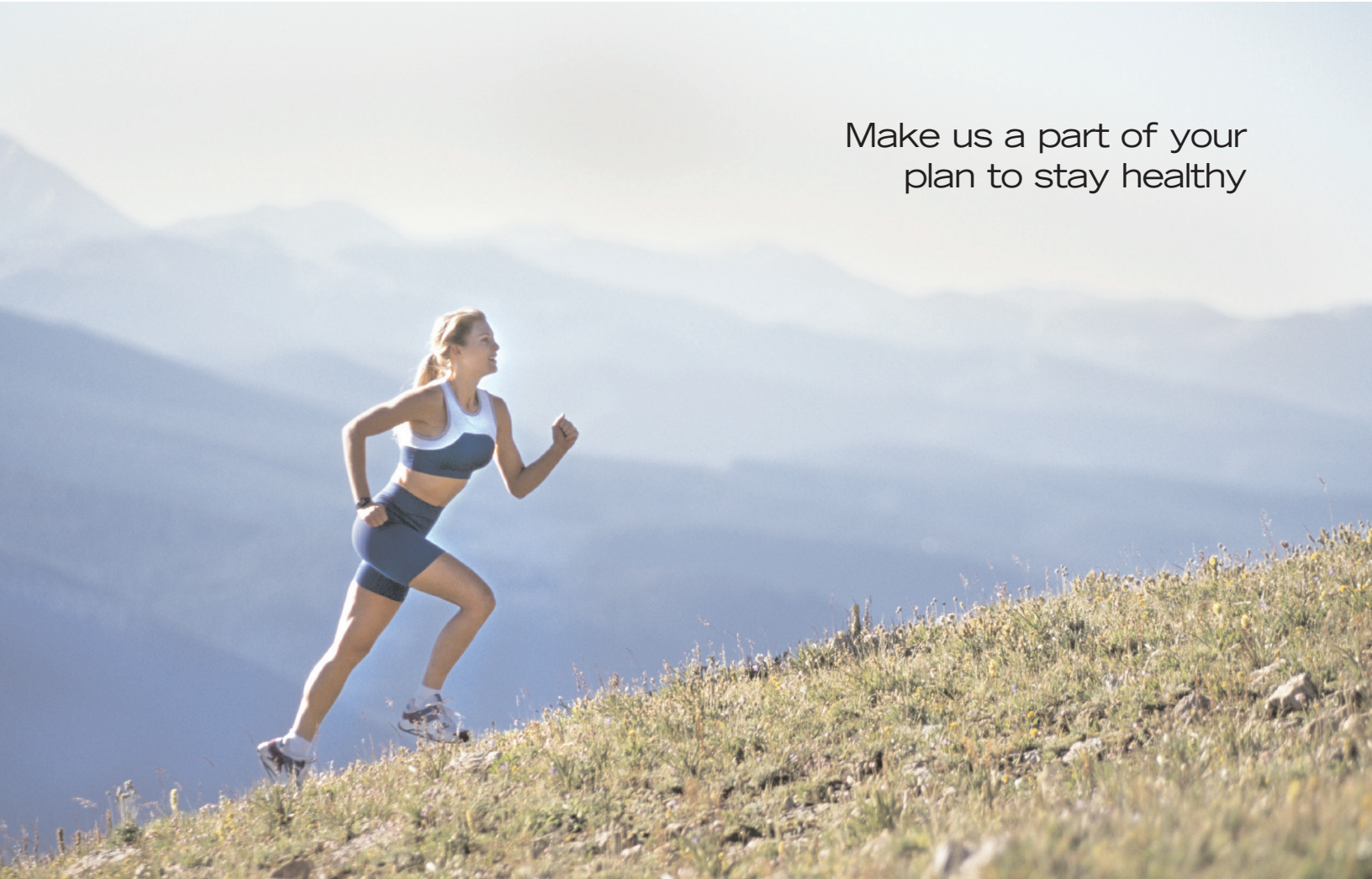


Blue Cross Blue Shield of Delaware
Benefits Booklet for State of Delaware Employees

Make us a part of your
plan to stay healthy





Timothy J. Constantine
President and CEO

Do You Have a Plan?

At last year's State of Delaware open enrollment, 93 percent of you chose Blue Cross Blue Shield of Delaware (BCBSD) as your health benefits provider. Thank you for the confidence you place in us — we greatly appreciate the opportunity to serve you.

This year, we hope you will “*Stay with the plan*” and make BCBSD part of your commitment to stay healthy. To make that commitment easier for you, we are pleased to share with you our enhanced health and wellness services.

We are especially proud of our *BluePrints for Health* program, which brings together all of our health and wellness offerings under a single program name. *BluePrints for Health* can help you make more informed choices and improve your health — whether through participation in an intensive care management program for a chronic condition, taking advantage of health-related discounts, or by proactively managing your health using our online preventive health guidelines. To learn more, go to **bcbsde.com** and click *BluePrints for Health*.

We are also expanding our website technology to make it even easier to find whatever you need 24 hours a day, from personal claims data to a specialist in our network. We've simplified our online registration process, too, so that your password will be sent instantly to your email rather than waiting for it to arrive by mail.

Please take a few minutes to review this benefits booklet and learn more about our offerings. We know you will find a plan to help you to stay healthy.

BCBSD remains committed to our members and their interest in good health. We look forward to another year of serving the benefits needs of employees in the State of Delaware.

Sincerely,

A handwritten signature in black ink that reads "Timothy J. Constantine". The signature is fluid and cursive, with the last name being more prominent.

Timothy J. Constantine
President and CEO



Table of Contents

First State Basic PPO 90/70 Plan.....2

PPO and BlueCare/HMO Plans.....4

State of Delaware Pensioner Plan and Benefits: Special Medicfill[®]6

Additional BCBSD Member Benefits:

 Traveling with Your BCBSD Plan.....8

BluePrints for Health.....8

 Prevention and Wellness.....9

 Education.....9

 Care Management.....9

 Medical Management.....10

 Medical Aid Units.....10 - 11

bcbsde.com.....11

BCBSD Customer Service.....12

BCBSD Customer Service Schedule13

First State Basic PPO 90/70 Plan

*This Summary of Benefits is intended to briefly highlight the health plans available.
All percentages listed refer to BCBS's allowable charges.*

SERVICE	IN-NETWORK	OUT-OF-NETWORK
Preventive Medical Services		
Periodic Physical Exams	100% covered	70% covered
Routine Annual Gyn Exam	100% covered	70% covered
Routine Mammogram	100% covered	70% covered
Routine Sigmoidoscopy & Colonoscopy	100% covered	70% covered
Routine Pap Smear (Lab charges)	100% covered	70% covered
Routine Well-Child Care	100% covered	70% covered
Immunizations	100% covered	70% covered
Periodic Vision Exams	Not covered	Not covered
Periodic Hearing Exams	100% covered	70% covered
Prostate Screening Antigen Test (Lab charges)	100% covered	70% covered
Lead Poisoning Screening Test (Lab charges)	100% covered	70% covered
Treatment of Illness or Injury		
Doctor's Office Visit for Diagnosis & Treatment	90% covered ¹	70% covered ²
Specialist/Referral Care	90% covered ¹	70% covered ²
Allergy Testing	90% covered ¹	70% covered ²
Allergy Treatment	90% covered ¹	70% covered ²
Laboratory Services	90% covered ¹	70% covered ²
Imaging & Machine Testing Services	90% covered ¹	70% covered ²
Physical Therapy	90% covered ¹ (subject to authorization)	70% covered ² (subject to authorization)
Occupational & Speech Therapy	90% covered ¹ (subject to authorization)	70% covered ² (subject to authorization)
Radiation Therapy & Chemotherapy	90% covered ¹	70% covered ²
Home/Nursing Home Visits	90% covered ¹	70% covered ²
Chiropractic	for up to 240 visits per plan year 90% covered ¹	for up to 240 visits per plan year 70% covered ²
	for up to 30 visits per plan year	for up to 30 visits per plan year
In the Hospital		
Semiprivate Room & Board (including intensive care, if medically appropriate)	90% covered ¹	70% covered ²
Physician's & Surgeon's Services	90% covered ¹	70% covered ²
Other Medical Professional Services	90% covered ¹	70% covered ²
Surgery		
Outpatient	90% covered ¹	70% covered ²
Maternity		
Prenatal & Postnatal Care	90% covered ¹	70% covered ²
Delivery: Hospital	90% covered ¹	70% covered ²
Delivery: Physician	90% covered ¹	70% covered ²
Birthing Center	90% covered ¹	70% covered ²
Emergency Services		
Physician's Office	90% covered ¹	70% covered ²
Hospital or Outpatient Emergency Facilities	90% covered ¹	70% covered ²

¹ In-network benefits are subject to a plan year deductible of \$500 per person (\$1,000 per family). Two individuals must meet the deductible in order for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the coinsurance totals \$1,500 per person (\$3,000 per family). Two individuals must meet the coinsurance expense limit in order for benefits to be paid at 100% of the allowable charge for the rest of the family members.

² Out-of-network benefits are subject to a plan year deductible of \$1,000 per person (\$2,000 per family). Two individuals must meet the deductible in order for the family deductible to be met. Benefits are then covered at the indicated percentage for that service until the coinsurance totals \$3,000 per person (\$6,000 per family). Two individuals must meet the coinsurance expense limit in order for benefits to be paid at 100% of the allowable charge for the rest of the family members.

First State Basic PPO 90/70 Plan (continued)

SERVICE	IN-NETWORK	OUT-OF-NETWORK
Ambulance	90% covered ¹	70% covered ²
Other Services		
Urgent Care/Medical Aid Units	100% covered after a \$25.00 copayment	100% covered after a \$25.00 copayment
Hospice	90% covered ¹ for up to 240 days	70% covered ² for up to 240 days
Prosthetic Devices and Durable Medical Equipment	90% covered ¹	70% covered ²
Skilled Nursing Facility	90% covered ¹ for up to 120 days per confinement	70% covered ² for up to 120 days per confinement
Home Health Care	90% covered ¹ for up to 240 visits per plan year	70% covered ² for up to 240 visits per plan year
Home Infusion	90% covered ¹	70% covered ²
	AUTHORIZED	NON-AUTHORIZED
Alcohol and Drug Abuse Treatment	Same as Other Medical Care	70% covered ² for up to 30 inpatient days or 60 outpatient days per treatment period Maximum of two treatment periods per lifetime Two outpatient days reduce inpatient days by one day; one inpatient day reduces outpatient days by two days
Serious Mental Health Care		
Inpatient and Partial Hospitalization	Same as Other Medical Care	70% covered ² for up to 60 inpatient days or 120 partial hospitalization days per plan year One inpatient day reduces partial hospitalization days by two days; two partial hospitalization days reduce inpatient days by one day
Outpatient	Same as Other Medical Care	70% covered ²
Other Mental Health Care		
Inpatient and Partial Hospitalization	90% covered ¹ for up to 60 inpatient days or 120 partial hospitalization days per plan year One inpatient day reduces partial hospitalization days by two days; two partial hospitalization days reduce inpatient days by one day	70% covered ² for up to 60 inpatient days or 120 partial hospitalization days per plan year One inpatient day reduces partial hospitalization days by two days; two partial hospitalization days reduce inpatient days by one day
Outpatient	90% covered ¹	70% covered ²

Full contract benefits are contingent upon following the guidelines of the Managed Care Program. In addition, mental health and substance abuse care must be authorized in advance by the Case Management Center and provided by an authorized provider to receive full contract benefits.

Payments for in-network or out-of-network services that are subject to day or dollar limits are combined to determine when that limit is met.

All percentages listed above apply to BCBSD's maximum allowable charge. When calculating deductible or coinsurance expenses, only the allowable charges are considered.

This is not a contract. This benefits comparison is intended to provide you with a general overview of this BCBSD health benefit program.

PPO and BlueCare/HMO Plans

*This Summary of Benefits is intended to briefly highlight the health plans available.
All percentages listed refer to BCBSD's allowable charges.*

Description of Benefit	COMPREHENSIVE PPO PLAN		BLUECARE® HMO
	In-Network Benefits	Out-of-Network Benefits	
Deductibles	None	\$300 Individual, \$600 Family	None
Out-of-Pocket Maximums	None	\$1,500 Individual, \$3,000 Family <i>Doesn't include deductible</i>	None
Inpatient Room and Board	\$100 per day (up to \$200) admission copay	80% after the deductible	\$100 per day (up to \$200) admission copay
Inpatient Physician & Surgeon Services	100%	80% after the deductible	100%
Outpatient Surgery	100%	80% after the deductible	Doctor's Office: \$20 copay Ambulatory Center: \$30 copay ER Dept. Hosp.: \$75 copay
Prenatal and Postnatal Care	100% after \$100 per day (up to \$200) admission copay	80% after the deductible	\$20 initial copay, 100% after \$100 per day (up to \$200) admission copay
Delivery Fee	100%	80% after the deductible	100%
Hospice	100% covered for up to 240 days	80% after the deductible, covered for up to 240 days	100%
Home Care Services	100% covered for up to 240 visits per plan year	80% after the deductible, for up to 240 visits per plan year	100%
Emergency Services	Facility: \$125 copay, waived if admitted	Facility: \$125 copay, waived if admitted	Facility: \$135 copay waived if admitted
Urgent Care Services	Physician: \$25 copay	Physician: 80% after deductible	Physician: \$20 copay
Mental Health Care (Serious mental illness is covered at the same level as other medical care.)			
Inpatient Mental Health & Partial Hospital Care	\$100 copay per day for the first 2 days, then covered at 100% for up to 60 inpatient days and 120 partial hospital days per plan year	80% for up to 60 days Up to 120 partial hospital days per plan year (subject to authorization) One inpatient day reduces partial hospital days by 2 days Two days of partial hospital care reduce inpatient days by 1 day	80% for up to 31 days per plan year One inpatient day reduces partial hospital days by 1 day and vice versa
Outpatient Mental Health Care	\$25 copay per visit	Covered at 80%	\$20 copay per visit for up to 20 visits per plan year



PPO and BlueCare/HMO Plans (continued)

Description of Benefit	COMPREHENSIVE PPO PLAN		BLUECARE® HMO
	In-Network Benefits	Out-of-Network Benefits	
		Other Services	
Durable Medical Equipment	100%	80% after the deductible	80%
Skilled Nursing Facility	100% for up to 120 days	80% after the deductible, for up to 120 days	100%
Emergency Ambulance	100%	100%, no deductible	\$50 copay
Physician Home/Office Visits (Sick)	\$15 copay	80% after the deductible	\$10 copay per office visit \$25 copay per home visit
Specialist Care	\$25 copay	80% after the deductible	\$20 copay per visit
Allergy Testing & Allergy Treatment	Testing: \$25 copay per visit Treatment: \$ 5 copay per visit	80% after the deductible	Testing: \$20 copay per visit Treatment: \$5 copay per visit
X-Ray and Lab	Lab: \$5 copay per visit X-Ray: \$15 copay per visit	80% after the deductible	Lab: \$5 copay per visit X-Ray: \$15 copay per visit
MRIs, CT Scans, PT Scans	\$15 copay per visit	80% after the deductible	\$25 copay per visit
Short-Term Therapies: Physical, Speech, Occupational	85% of allowable charge	80% after the deductible	Speech & Occupational Therapies: 80% for 60 consecutive days Physical Therapy: 45 visits per condition
Annual Pap Smear and Gyn Exam	Gyn Exam: 100% after \$15 copay Pap Smear: \$5 copay	80% after the deductible	Gyn Exam: 100% after \$10 copay Pap Smear: \$5 copay
Periodic Physical Exams, Immunizations	100% after \$15 copay	80% after the deductible	\$10 copay per visit
Mammograms	100% after \$15 copay	80% after the deductible	\$15 copay per visit
Vision Care	Not covered	Not covered	100% after \$15 copay (exam every 24 months)
Hearing Tests	100% after office visit copay up to age 18	80% after office visit copay up to age 18	100% after office visit copay up to age 18
Hearing Aids	100% up to the age of 18	80% covered after the deductible up to the age of 18	80% covered up to the age of 18
Chiropractic (30 Visits per Plan Year)	85% covered, 30 visits per plan year	80% covered, after deductible 30 visits per plan year	\$20 copay for initial consultation, 80% covered for 60 consecutive days per condition

Please note: Existing contracts and law supercede any discrepancies in this brief benefits overview.

State of Delaware Pensioner Plan and Benefits: Special Medicfill®

This Summary of Benefits is intended as a highlight of the health plans available. After your health plan selection, you will receive an updated summary plan booklet at your home address.

Description of Benefits	Medicare	Special Medicfill <i>Your Blue Cross Blue Shield of Delaware plan covers the following:</i>
Inpatient Hospital		
Days 1 thru 60	Pays all but the Part A deductible	Covers the Part A deductible
Days 61 thru 90	Pays all but a specified dollar amount of coinsurance per day	Covers the specified dollar amount of coinsurance
Days 91 thru 150	Pays nothing	Covers care in a general hospital (except mental & nervous) These days may be used before Medicare's 60 lifetime reserve days* Covers coinsurance amount
Days 151 thru 365	Pays nothing	Covers care in a general hospital (except mental & nervous) These days may be used before Medicare's 60 lifetime reserve days* Covers coinsurance amount
Hospice	Pays part of the cost for inpatient respite care, and you must receive care from a Medicare-certified hospice	Balances paid up to the Medicare reasonable charge**
Emergency Services	80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Prosthetics & Durable Medical Equipment	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Physician Home & Office Visits	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Specialist Care/Chiropractic Care	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
Emergency Ambulance	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers Part B deductible and 20% of the reasonable charges**
X-Ray, Lab and Other Diagnostic Services, Radiation Therapy	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers the Part B deductible and 20% of the reasonable charges**

* Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.

State of Delaware Pensioner Plan and Benefits: Special Medicfill®

(continued)

Description of Benefits	Medicare	Special Medicfill <i>Your Blue Cross Blue Shield of Delaware plan covers the following:</i>
Outpatient Rehabilitation Services, Occupational Therapy, Physical Therapy, Speech Therapy	Covers 80% of the reasonable charges,** after the Medicare Part B deductible	Covers the Part B deductible and 20% of the reasonable charges**
Routine Gyn Exam, Pap Smear, Mammogram	Covers 80% of the reasonable charges** for routine Gyn exam and mammogram You pay \$0 for Pap Smear once every 3 years, annually if high risk Mammogram based on age guidelines	Covers 20% of the reasonable charges** One routine exam and Pap Smear is covered in a 12-month period Mammogram for age 40 and above covered at 100%
Prostate Cancer Screening Exams (age 50 and over)	Covers 100% for approved lab services Covers 80% of the reasonable charges** for other related services after the Part B deductible	Covers the Part B deductible and 20% of reasonable charges**
Periodic Physical Exams	You pay 100% for routine physical exams	Coverage at 100% of Blue Cross allowable, based on age guidelines published by American Medical Association
Flu & Pneumococcal Pneumonia Vaccines	Covers 100% of reasonable charges** Pneumonia -check with physician for frequency Flu -once per year	Pneumonia -once at age 65 and up Flu -once per plan year for age 65 and over
Routine Vision Care	Not Covered	Not Covered

** Reasonable Charge means the amount approved by the Medicare Carrier as the allowable charge for reimbursement under the Medicare Program.



Additional BCBSD Member Benefits

The following benefits are available to you as a BCBSD member:

Traveling with Your BCBSD Plan

BCBSD members who elect a PPO plan will have access to the BlueCard network, which provides access to 90 percent of hospitals and 80 percent of doctors nationwide.

With BlueCard, no matter where you go, your benefits go with you. That means if you're traveling or living in another state, you have access to the same Blue Cross and Blue Shield services, benefits and discounts.

You can also count on responsive and efficient service, since Blue Cross and Blue Shield plans are connected by a single electronic network for claims processing and reimbursement. To find doctors and hospitals, you can call BlueCard Access at **800.810.BLUE (2583)** or visit the *BlueCard Doctor and Hospital Finder* at **bcbs.com**.

For those who elect the BlueCare/HMO plan, you also have coverage when you're away from home. The Away from Home Care® Program gives you access to a participating HMO and is available for you and your covered dependents in most states and the District of Columbia. This program is designed to bring you peace of mind if you:

- ◆ Have a child attending school out-of-state
- ◆ Have family members living in different service areas
- ◆ Have a long-term work assignment in another state, or are a retiree with a dual residence

Here's how the benefit works:

1. Contact BCBSD if you or a covered dependent are going to be away from home for at least 90 consecutive days.
2. BCBSD will advise you if a participating HMO is located in the area where you will be staying.
3. BCBSD will work with you to complete a Guest Membership application if a participating HMO is located in the area.
4. BCBSD will mail you the application for signature. Once it is signed, the Home HMO will forward it to the participating Host HMO in your destination location.
5. BCBSD will provide you with a membership identification card, a primary care physician and instructions on how to access your benefits while using your Guest Membership.
6. Call a BCBSD primary care physician for an appointment when you need medical care.

Please note that the Host HMO benefits may differ from your Home HMO benefits. The Host HMO will communicate this information to you upon acceptance of your Guest Membership application.

BluePrints for Health

BluePrints for Health is a program from BCBSD that provides health and wellness tools you can use to make informed health care choices and better manage your well-being. The program focuses on four components:



**Prevention
and Wellness**



Education



**Care
Management**



**Medical
Management**

BluePrints for Health has created partnerships with leading, independent organizations in the health care field to complement the resources BCBSD offers our members. These highly-regarded companies have years of experience in providing support to physicians and patients.

There is no additional cost to First State Basic, PPO or BlueCare/HMO plan members to participate in these programs.



Prevention and Wellness

Discount Programs

BCBSD members have access to valuable discounts on a variety of alternative therapies and wellness services to encourage healthy choices. There are no claims forms or referrals needed — members simply show their BCBSD identification cards to participating providers to receive discounts on any of the following:

◆ Alternative Health and Wellness Services

- Acupuncture
- Chiropractic care
- Guided imagery
- Massage therapy
- Mind-body instruction
- Meditation instruction
- Nutrition counseling
- Personal training
- Pilates
- Qi Gong
- Tai Chi
- Yoga

◆ Eldercare Management

◆ Fitness Centers

◆ Hearing Care Services

◆ Laser Vision Correction and Contact Lenses

◆ Vision Discount Program



Education

BCBSD offers a variety of online health and wellness tools, including:

◆ *My BlueConnection*, available through **bcbsde.com**, offers you 24/7 access to the latest tips and information to help keep you and your family healthy. Some portions of the site are also available in Spanish.

◆ Our online hospital comparison tool allows you to search and compare the success rate of specific procedures at hospitals throughout the country. Hospitals can be compared by performance factors such as length-of-stay, number of procedures performed, and complication and mortality rates.

◆ Our online pharmacy tools can help you manage your prescription drug costs by letting you search for the lowest cost on your prescriptions and then locate a pharmacy. In addition, our adverse interaction tools, available at *My BlueConnection*, can help you be sure your prescriptions work together.

We also offer printed materials to help you learn more about various health topics:

◆ Our quarterly member publication, *Delaware Blue*, contains articles on health and wellness topics and updates on plan benefits and changes. *Delaware Blue* is also available at **bcbsde.com**.

◆ We have a variety of wellness materials (some in Spanish) on topics such as cholesterol, blood pressure and healthy eating. These can be downloaded from the *Customers* section of **bcbsde.com**.

◆ Our Preventive Health Guidelines, published yearly, can help you to take charge of your health by listing health care recommendations for every age. These are also available at **bcbsde.com**.



Care Management

Care management programs supply members with valuable information and services, which, along with a doctor's care, can help you minimize or prevent complications related to chronic conditions and enjoy a better quality of life. These early detection and lifestyle improvement efforts are also designed to reduce inpatient admissions, hospital days, emergency room visits and outpatient facility visits.

BCBSD provides care management to members with the following five basic chronic conditions:

- ◆ Asthma
- ◆ Chronic obstructive pulmonary disease (COPD)
- ◆ Congestive heart failure (CHF)
- ◆ Coronary artery disease (CAD)
- ◆ Diabetes

Members with certain rare and complex chronic conditions such as lupus, multiple sclerosis or rheumatoid arthritis can also receive care management services. Participation in all of these care management programs is optional.



Medical Management

Our Medical Management Department helps members access high-quality, cost-effective medical and behavioral health services that meet established care guidelines. Medical management services include:

- ◆ **Case Management:** BCBSD's team of licensed registered nurse managers work with members to address their health concerns and help them find the resources they need.
- ◆ **Maternal/Child Health:**
 - **Prenatal Case Management** (*Baby Benefits*): This educational program for expectant parents provides maternity risk assessments and health education.
 - **Neonatal Case Management:** This program provides care coordination services and educational resources for members with infants who are admitted to an intensive/special care nursery after birth.
- ◆ **Utilization Management:** Using nationally recognized criteria, BCBSD's Utilization Management team works with members and health care providers to ensure members receive medically appropriate, cost-effective care.
- ◆ **Behavioral Health Care:** Members struggling with emotional distress, psychiatric disorders or substance abuse can turn to the resources offered through our Behavioral Health Care Department. In support of our members' mental health, BCBSD maintains a robust network of licensed, qualified clinical professionals.
- ◆ **Substance Abuse Treatment:** BCBSD helps members who have substance abuse issues obtain in-patient and intensive out-patient services designed to help them conquer and recover from their addictions.

To learn more about *BluePrints for Health*, visit **bcbsde.com** and click on *BluePrints for Health*.

Medical Aid Units

Did you know that a Medical Aid Unit (MAU) provides urgent care and can be a less expensive alternative to an emergency room (ER)?

What are MAUs?

MAUs (also known as Urgent Care Facilities) treat injuries or illnesses that are not life-threatening but require care within a few hours or the same day. With an MAU, you don't need an appointment, and you may avoid the longer waits you might find at a busy ER.

What can an MAU do for you?

MAUs treat common ailments and injuries including:

- ◆ Lacerations requiring stitches
- ◆ Cuts and minor burns
- ◆ Broken bones and joint sprains
- ◆ Headaches
- ◆ Pediatric medical problems (e.g., eye and ear infections)
- ◆ Muscle, joint and back pain
- ◆ Asthma attacks
- ◆ Allergies

- ◆ Fevers, flu, coughs and colds
- ◆ Routine infections, such as eye, ear, throat, sinus and bladder infections
- ◆ Stomach aches
- ◆ Sexually transmitted infections
- ◆ Emergency contraceptive care
- ◆ Mild or moderate vaginal bleeding
- ◆ Skin irritation or skin infection

How do MAUs work?

MAUs are staffed by board certified physicians who receive assistance from licensed nurses. The units feature on-site diagnostic equipment, including X-ray and laboratory services, and are generally open at times when your doctor's office may be closed. There is usually a minimal wait time until you can be seen by the doctor, and he/she has access to the same types of medical specialists who might need to see you if you were in an ER.

Are MAUs a covered health benefit?

MAU services are covered by your health benefits plan. The cost to you (your copay) is lower if you seek care from an MAU or urgent care center, instead of an ER. Please check your benefits booklet for coverage levels specific to your plan.

When should I go to an ER?

MAUs are appropriate for common conditions and injuries. Please keep in mind that life-threatening symptoms, such as chest pains, symptoms of stroke, severe headaches, excessive bleeding or vomiting are best handled by an ER. If you are not sure whether your symptoms warrant an ER visit, it's a good idea to check with your doctor.

What about a freestanding ER?

A freestanding ER is not considered an MAU, nor is it a traditional ER, which is linked physically to a hospital. Instead, it is located by itself and usually has the designation "Emergency" in its name. While

not a trauma center, a freestanding ER is open 24/7, and is generally able to treat most emergencies. It is important to note that a freestanding ER falls under your health plan's "Emergency Department" definition, which means the cost may be higher to you if you choose to be treated there instead of at an MAU. If you have any questions, please contact BCBSD's Customer Service Department at the number listed on your identification card.

You can also visit our online Provider Directory at **bcbsde.com** to locate your nearest MAU in Delaware.

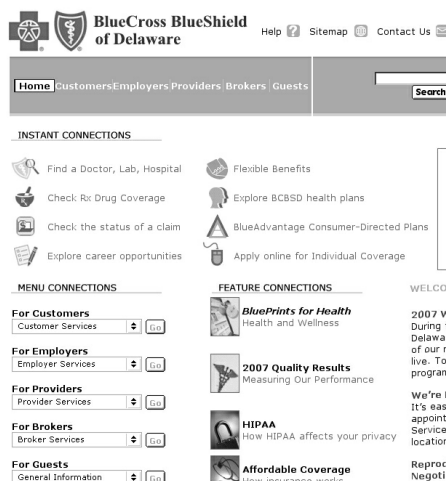
bcbsde.com

When it comes to managing the details of your personal health plan, **bcbsde.com** is a powerful and readily available resource. You can access real-time information on benefits, claims, plans and providers to help get the most out of your health care coverage. At the same time, you can get timely and important information to help you live better and longer.

Our easy-to-navigate website helps you take a hands-on role in your personal health care plan. And it is now even easier to get the information you need with our streamlined web registration process; when registering at **bcbsde.com**, your password will be sent instantly to your email, rather than waiting for it to arrive via U.S. mail. The same process is also in place for lost or forgotten passwords.

Once you log on, you can:

- ◆ Change a primary care physician
- ◆ Check claims status
- ◆ Search for a doctor or specialist by location, languages spoken, office hours, hospital affiliations and more
- ◆ Check prior authorization status
- ◆ Verify coverage and copays
- ◆ Download forms
- ◆ Check prescription coverage
- ◆ Read and download benefit booklets
- ◆ Change address and contact information
- ◆ Replace or order an ID card



bcbsde.com

BCBSD Customer Service

When you have questions or need information, access our Customer Service Department by phone or online for instant information about:

- ◆ Your membership, benefits and copays
- ◆ The status of your claim or authorization

You can make a request to:

- ◆ Change your primary care physician (BlueCare/HMO members only)
- ◆ Change your address and/or telephone number

You can place an order for:

- ◆ Additional ID cards
- ◆ A customer claim form
- ◆ A copy of your Explanation of Benefits
- ◆ A provider directory

By Telephone

Call **302.429.0260** or **800.633.2563**

With our voice response system, you can choose just the kind of service you want — at any point in your call. When you call our Customer Service Department for assistance, you can use your touch-tone or rotary phone to:

- ◆ *Select automated options.* Because our voice response system uses recorded messages, you can call us when it fits your schedule. And, because the messages link to the same computers that the Customer Service Representatives use, you can rely on our voice response system for accurate, up-to-date information. That adds up to more convenience and faster service.
- ◆ *Speak directly with a Customer Service Representative.* Immediately or at any point in your call, you can speak with a live representative during weekday business hours (7:00 AM until 7:00 PM).

By Internet

Access your information your information 24 hours a day by logging on to **bcbsde.com** and choosing the *Customers* link. Once registered, you'll be able to access everything you need.

By Mail

If you prefer to write to us, please send your correspondence to: Customer Service, BCBSD, PO Box 1991, Wilmington, DE 19899-1991.

We're Bringing Customer Service to You

BCBSD is bringing customer service to you throughout the state. A BCBSD Customer Service Representative will make routine visits to several locations in Northern and Southern Delaware to answer questions you may have. A schedule of times and locations is listed on the next page. Updated schedules can also be found by visiting **bcbsde.com** or by calling Customer Service. For your convenience, claim form submissions and payments can be made via a secure drop box in the main lobby at our 800 Delaware Avenue office in the City of Wilmington.



CUSTOMER SERVICE SCHEDULE

The below schedule is for the remainder of 2008. Please go to bcbsde.com for the most up-to-date schedules.

Location	Date	Time
New Castle County		
Newark: Newark Senior Center 200 White Chapel Drive Newark, DE 302.737.2336	Tuesdays April 22 May 6 & 20 June 13 & 17 July 1, 15 & 29 August 12 & 26 Thursdays April 24 May 8 & 22 June 5 & 19 July 3, 17 & 31 August 14 & 28	9:00 AM–12:00 PM 12:00 PM–3:00 PM September 9 & 23 October 7 & 21 November 4 & 18 December 2, 16 & 30 September 11 & 25 October 9 & 23 November 6 & 20 December 4 & 18
Wilmington: Claymore Senior Center 504 S. Clayton St. Wilmington, DE 302.428.3170	Tuesdays April 29 May 13 & 27 June 5 & 19 July 8 & 22 August 14 & 28	9:00 AM–12:00 PM September 2, 16 & 30 October 14 & 28 November 6 & 20 December 9 & 23
Kent County		
Smyrna: Mamie Warren Senior Center 1775 Wheatley's Pond Rd. Smyrna, DE 302.653.4078	1st & 3rd Mondays <i>Except September 1</i>	9:30 AM–12:00 PM
Dover: Modern Maturity Center 1121 Forest Avenue, Route 8 Dover, DE 302.734.1200	Thursdays <i>Except November 27 and December 25</i>	9:00 AM–2:00 PM
Harrington: Harrington Senior Center 102 Fleming Street Harrington, DE 302.398.4224	1st & 3rd Tuesdays	9:30 AM–12:00 PM
Sussex County		
Milford: Milford Senior Center 111 Park Avenue Milford, DE 302.422.3385	2nd and 4th Tuesday	9:00 AM–11:00 AM
Lewes: Lewes Senior Center 310A Nassau Park Road Lewes, DE 302.645.9293	2nd Mondays and 4th Fridays	10:00 AM–2:00 PM
Georgetown: Georgetown Town Hall 39 The Circle Georgetown, DE 302.856.7391	2nd and 4th Wednesdays	10:00 AM–2:00 PM
Seaford: Nanticoke Senior Center 310 Virginia Avenue Seaford, DE 302.629.4939	1st Wednesday and 3rd Fridays	10:00 AM–12:00 PM



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